

<p align="center"><b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b></p>	<p align="center"><b>NOTICE OF HEARING</b></p>	<p align="center"><b>CASE NO.</b></p>
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Court address Fax no. Court telephone no.

Plaintiff's name, address, and telephone no.

Attorney:  
v

Defendant's name, address, and telephone no.

Attorney:

A hearing will be held

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Judge/Referee: \_\_\_\_\_

Bar no.  Referee

for the following purpose:

- The defendant is required to attend this hearing.
- The plaintiff is required to attend this hearing.

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements. When contacting the court, provide your case number(s).

**CERTIFICATE OF MAILING**

I certify that on this date I served a copy of this notice of hearing on the parties or their attorneys by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature